

MISSOURI OFFICE OF MINORITY HEALTH

2002 HIV/AIDS FACT SHEET

HIV/AIDS AMONG AFRICAN AMERICANS

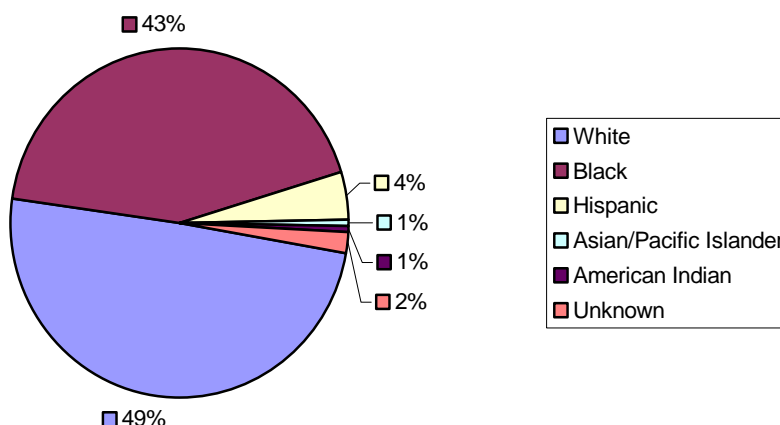
KEY FACTS

THE IMPACT OF HIV INFECTION

HIV/AIDS is a major health crisis facing Missouri's African-American community.

- Although African Americans make up only about 11% of Missouri's population, they accounted for 43.0% of HIV cases and 44.4% of AIDS cases reported in 2002.ⁱ
- The rate for HIV cases reported in 2002 among African Americans (21.6) was 6.5 times the rate in Caucasians (3.3).
- Black men between the ages of 25-29 represented the greatest number of newly diagnosed black men.
- Black women between the ages of 30-34 represented the greatest number of newly diagnosed black women.
- 57% of AIDS-related deaths in 2002 were in blacks, a significant rise from 45% in 2001.
- Studies suggest that many new infections are occurring among young African Americans.^{ii iii iv}

NEWLY REPORTED HIV INFECTIONS BY RACE, 2002 N= 316



A CLOSER LOOK AT A SERIOUS HEALTH CRISIS

Early in the epidemic many believed HIV/AIDS to be primarily a gay white male disease in Missouri and in the United States. However African Americans were documented in the first year (1982) that the Missouri Department of Health began HIV reporting.

NATIONWIDE

- Since 1983 African Americans have been disproportionately represented in AIDS cases^v
- African Americans accounted for over half of the new HIV diagnoses reported in the United States.^{vi}
- A study of people diagnosed with HIV found that 56% of "late testers", i.e., those that were diagnosed with AIDS within one year of their HIV diagnosis, were African Americans.^{vii} Late testing is a missed opportunity in the prevention and treatment of HIV.
- The leading cause of HIV infection among African American men is sexual contact with other men, followed by injection drug use and heterosexual contact.^{vi}
- The leading cause of HIV infection among African American women is heterosexual contact, followed by injection drug use.^{vi}

RISK FACTORS

Poverty. Nearly one in four African Americans lives in poverty, and this figure may be higher for those living in the Midwest.^{viii} The relevance lies in the fact that poverty has been linked to direct and indirect increases in HIV risks, including but not limited to: limited access to quality health care and HIV prevention education.^{ix}

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Denial. Although African Americans are responding to the HIV/AIDS crisis in their communities, many have been slow to join the effort. One reason is that some African Americans are reluctant to acknowledge issues, such as homosexuality and drug use that are associated with HIV infection. Youth and young adults are especially vulnerable to the issue of denial as they often view themselves as invincible or just not at-risk.

Partners at Risk. Both men and women are at-risk of contracting HIV by not being fully aware of their partners' possible risk. Frank discussion about sexual histories and drug usage don't occur for various reasons. The lack of frank discussion leads to an inability to successfully negotiate condom usage. Some people fear the frank discussion or condom negotiation out of fear of losing the relationship, financial support, and other important commodities.

Sexual Assault and Abuse. Sexual assault and abuse can be an extremely shaming event for the victim. The victim can be male or female. The shame associated may deter people from seeking proper medical assistance and other supportive services. Which would delay the diagnosis of HIV or another sexually transmitted disease.

Substance Abuse. Injection drug use is the second leading cause of HIV infection for both African-American men and women. But sharing needles is not the only HIV risk related to substance abuse. Both casual and chronic substance abusers are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol.^x

Sexually Transmitted Disease (STD) Connection. For many of the reasons noted above, African Americans also have high rates of STDs in Missouri and in the nation. STDs are of concern because of the increased likelihood of infection and also because of HIV viral shedding among individuals co-infected with HIV another STD. A person who is co-infected has a great chance of spreading HIV to others.^{xi}

PREVENTION

ABCD's = Abstinence, Be Faithful/Monogamous, Correct Condom Use, Don't share Needles
Get Tested = Know Your Status and Your Partner's Status.
Discuss HIV with future partners.
Disclose your HIV status, especially if you are HIV positive.
Discuss the last time you were tested for HIV and other sexually transmitted diseases.
Maintain good perinatal care to reduce the chances of HIV transmission to newborns.
Consider Substance Abuse Counseling and Treatment.

TREATMENT AND CARE

Through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which allows people without resources to access HIV/AIDS medications, medical care, and supportive services, people are living longer healthier lives with HIV. To find out more about services in your community contact your local public health department or call the Missouri Department of Health and Senior Services - Office of Minority Health at (800) 877-3180.
Other resources may also be found at <http://www.dhss.mo.gov/blackaids>

ⁱ MDHSS, 2002. Epidemiologic Profiles of HIV Disease and STDs in Missouri; 44.

^j L. Valleroy, D. MacKellar, J. Karon, R. Janssen, et al. HIV Infection in Disadvantaged Out-of-School Youth: Prevalence for U.S. Job Corps Entrants, 1990 through 1996. *J Acquir Immune Defic Syndr* 1998; 19:6673.

^k L. Valleroy, D. MacKellar, J. Karon, et al. HIV Prevalence and Associated Risks in Young Men Who Have Sex With Men. *JAMA* 2000; 284 (2): 198-204.

^l CDC. HIV Incidence Among Young Men Who Have Sex With Men - Seven U.S. Cities, 1994-2000. *MMWR* 2001; 50: 440-444.

^m CDC. Current Trends Update: Acquired Immune Deficiency Syndrome (AIDS) - United States. *MMWR* 1984; 32 (52): 688-91

ⁿ CDC. HIV/AIDS surveillance report 2002; 14.

^o CDC. Late versus early testing of HIV - 16 Sites, United States, 2002-2003. *MMWR* 2003;52 (25): 581-586

^p US Census Bureau. Poverty status of the population in 1999 by age, sex, and race and Hispanic origin; March 2000.

^q Diaz T, Chu S, Buehler J, et al. Socioeconomic differences among people with AIDS: Results from a multistate surveillance project. *Am J Prev Med* 1994; 10(4): 217-222.

^r Leigh B, Stall R. Substance use and risky sexual behavior for exposure to HIV: Issues in methodology, interpretation, and prevention. *Am Psychol* 1993; 48 (10): 1035-1045.

^s Fleming DT, Wasserheit JN. From epidemiological synergy to public health policy and practice: The contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect* 1999; 75: 3-17.